


Quick Reference Guide: Adding/Updating EFT Banking Information

Steps:

1

Access the file in your dashboard you wish to add/update Electronic Funds Transfer (EFT) information, by clicking on the Reg ID or name hyperlink listed under 'Provider'



Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID
169	Donald Trainer	Complete	Physician/Oste Individual		0000134
170	Training Clinic	Complete	CLINIC		0000122
171	Kim Trainer	Complete	Chiropractor Individual		0000135
178	Training Rural Health	Submitted	Rural Health Clinic		

2

Click the '+' symbol to expand the Enrollment Actions and click 'Begin ODM Enrollment Provider Update' to access the file

Manage Application

Enrollment Actions + Enrollment Action Selections:

Programs + Program Selections:

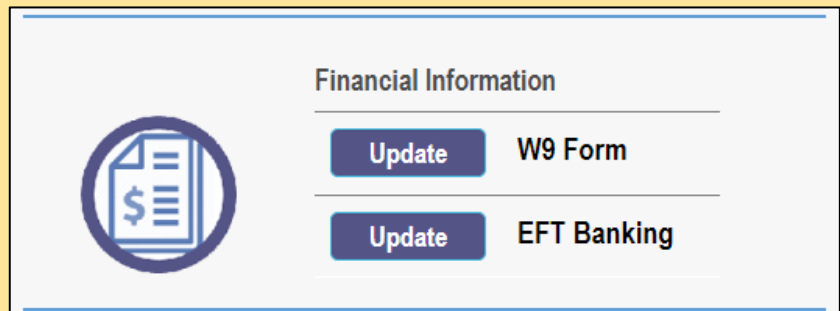
Self Service + Self Service Selections:

Enrollment Actions - Enrollment Action Selections:


- [Begin ODM Enrollment Profile Update](#)
- [Edit Key Provider Identifiers](#)
- [Request Disenrollment](#)

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Under the list of updates, locate the 'Financial Information' section. There you will see the EFT Banking page listed. Click **Update** next to EFT Banking to make updates/changes to the information on that page



Financial Information

 **Update** W9 Form

Update EFT Banking

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EFT Banking Information
This is a required section.

Do you expect to receive payments directly from the State Medicaid Program (For example: Fee-for-Service Claims, Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?

Yes No

Save Cancel

If you need to add EFT Banking information, read the question at the top of the page and select the 'Yes' radio button

Note: If you are editing existing information, the 'Yes' option will already be selected

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To add new information, click on the **Add New** button to provide banking information and the contact information of an individual who manages the Electronic Funds Transfer details for your business

Banking Information

No banking information found.

Add New


EFT Contact

No EFT contact found.


Add New

To edit existing Banking Information or EFT Contact information, click on the 'pencil and paper icon' to make changes/updates

Banking Information

Financial Institution Name	City	Account Number	Account Type	
Training Bank		*****	Checking	

EFT Contact

Provider Contact Name	Phone Number	Ext	E-mail Address	
Tom Trainer	(614) 555-4321		trainer@traininghospital.com	

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Enter the following Banking Information for the account where EFT payments will be sent to. Be sure to include:

- Financial Institution Name
- Financial Institution Routing Number
- Account Number
- Account Type

Click **Save** once information is entered

Banking Information

Financial Institution Name* Training Bank

Financial Institution Routing Number* 041215537

Confirm Financial Institution Routing Number* 041215537

Account Number* 25435345443

Confirm Account Number* 25435345443

Account Type* Checking Savings

Save Cancel

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Enter the following EFT Contact Information for person who should be contacted for information related to the Electronic Funds Transfer:

- Provider Contact First Name
- Provider Contact Middle Name (*optional*)
- Provider Contact Last Name
- Phone Number
- Extension (*optional*)
- Email Address
- Fax Number (*optional*)

Click **Save** once information is entered

EFT Contact Information

Provider Contact First Name*

Middle Name

Last Name*

Phone Number*

Extension

Email Address*

Fax Number

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Review the information that you entered for Banking Information and EFT Contact information to ensure the correct information has been entered

At the bottom of the page, read the information under the Confirm section and then click the box that says *I confirm the information provided is true and accurate.*

Banking Information

Financial Institution Name	City	Account Number	Account Type	
Training Bank		*****	Checking	

EFT Contact

Provider Contact Name	Phone Number	Ext	E-mail Address	
Tom Trainer	(614) 555-4321		trainer@traininghospital.com	

Confirm

By selecting the confirmation box below, the submitting individual is attesting and acknowledging on behalf of the Medicaid Provider listed above that:

- He or she is authorized to complete and submit this Enrollment Form.
- The information provided is accurate and true.

I confirm the information provided is true and accurate.

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Click **Save** at the top of the page to save the information entered on the EFT Banking page. Once all updates are made, click **Submit for Review**

EFT Banking Information

This is a required section.

→

A red dot indicates that updated information has been saved on a page

You have modified the following sections in your application. Click "Ok" to complete your submission. Click "Cancel" to review your application prior to submission.

EFT Banking Information

A pop-up window display confirms which page(s) received an update. Click **OK** to complete the submission